

In The Matter Of:
David Cherry, et al. v.
Macon Hospital, et al.

Tracy Q. Callister, M.D.
October 24, 2013

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VJ **V O W E L L**
AND
J E N N I N G S

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<p>1 THE WITNESS: Thank you.</p> <p>2 MR. JAMESON: I have very few</p> <p>3 questions, Dr. Callister. And I just have</p> <p>4 individuals of varying engagement so this will</p> <p>5 be very brief.</p> <p>6 EXAMINATION</p> <p>7 BY MR. JAMESON:</p> <p>8 Q. I want you to assume that the</p> <p>9 plaintiff's expert cardiologist, a Dr. Krone,</p> <p>10 has testified under oath that in his opinion</p> <p>11 he believes that the infarction occurred the</p> <p>12 following morning after ER discharge while</p> <p>13 Mrs. Cherry was making coffee. I want you to</p> <p>14 assume that. And then let me ask you how does</p> <p>15 that tie in to your opinion that the most</p> <p>16 likely cause was sudden cardiac death?</p> <p>17 Specifically is a sudden infarction equivalent</p> <p>18 to a sudden cardiac death?</p> <p>19 A. It could be a cause. And I throw</p> <p>20 around terms that make me look sophisticated,</p> <p>21 and they are not that sophisticated. So</p> <p>22 sudden cardiac death is one of the ways you</p> <p>23 die from your heart and it's easily defined.</p> <p>24 You just drop dead. A heart attack usually</p> <p>25 spreads over time. Acute coronary syndromes</p>	<p>1 they took the -- ambulance came and saw her</p> <p>2 and they saw that her heart was just barely --</p> <p>3 the electrical signal was not working, what --</p> <p>4 what triggered that. And there are many</p> <p>5 things. And on that list could be a choking</p> <p>6 of the blood supply or a shutting off of the</p> <p>7 blood supply. And it could have happened and</p> <p>8 been going on for a while and just reached a</p> <p>9 level of magnitude or it could have happened</p> <p>10 right at that time. It's not clear. There</p> <p>11 was no objective evidence that it was</p> <p>12 occurring, in my opinion, in the ER.</p> <p>13 I don't know about subjective because</p> <p>14 I didn't interview the patient. I didn't talk</p> <p>15 with them. Eight hours later her heart stops</p> <p>16 and shuts down. And certainly given her risk</p> <p>17 factors, given that they found in a cath lab</p> <p>18 that she at least had disease in one coronary</p> <p>19 artery and she could have disease in other</p> <p>20 arteries that were not as thick and out in the</p> <p>21 small branches which the angiogram doesn't</p> <p>22 look, she could have had ischemia, restriction</p> <p>23 that was so tight that it scrambled the signal</p> <p>24 or she could have closed off something. It</p> <p>25 might have happened right then or it might</p>
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<p>1 spread over time. And usually the mechanism</p> <p>2 of death is the heart slows down and stops.</p> <p>3 You just choke off the blood supply. It gets</p> <p>4 weaker and can't handle it. It doesn't have</p> <p>5 enough blood.</p> <p>6 So that's why they talk about taking</p> <p>7 enzymes over hours or putting people in the</p> <p>8 hospital. But a certain number of people die</p> <p>9 instantly, suddenly, sudden cardiac death.</p> <p>10 That's due to somebody switching off the</p> <p>11 lights, turning off the electrical signal</p> <p>12 which is different than the pump failing.</p> <p>13 And sudden cardiac death has several</p> <p>14 things that feed into shutting off the</p> <p>15 electrical signal. And one of those, a common</p> <p>16 -- perhaps more than half or at least half</p> <p>17 are either heart attacks where you totally</p> <p>18 shut off the blood or severe ischemia where</p> <p>19 you're restricting but don't totally shut it</p> <p>20 off so it's not a true -- and which would fall</p> <p>21 under acute coronary syndrome. But you may or</p> <p>22 may not have symptoms. Both of those can</p> <p>23 happen very -- they can trigger that event.</p> <p>24 So it is possible that her event that</p> <p>25 morning where she dropped suddenly and when</p>	<p>1 have been coming before.</p> <p>2 If it was severe before, I would</p> <p>3 expect her to have her chest pain come back.</p> <p>4 I'd have her -- I think she'd say wow because</p> <p>5 the Toradol is gone. It's a good argument in</p> <p>6 my opinion that they gave her Toradol. She</p> <p>7 felt better, but it's not there that morning.</p> <p>8 It's not there later. She should say I'm</p> <p>9 having chest pain. I'm having a heart attack.</p> <p>10 I'm sweating. All these things we just</p> <p>11 established, she should have had those. But</p> <p>12 that's not the story I read from the</p> <p>13 Vanderbilt note. Sounds like she was just out</p> <p>14 getting coffee and she drops over.</p> <p>15 It sounds like -- so it's very</p> <p>16 suspicious that she -- and then they get an</p> <p>17 EKG and she doesn't have a heart attack show</p> <p>18 up on the EKG. This is very suspicious for</p> <p>19 sudden cardiac death. That's my best</p> <p>20 opinion. And myocardial infarction could have</p> <p>21 been one of the causes of that.</p> <p>22 Q. I want to hand you an original of a</p> <p>23 letter I received from plaintiff's counsel</p> <p>24 that attaches a notice to take videotaped</p> <p>25 deposition of Tracy Callister and ask was that</p>